-	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				(	OMB Nos. 1210-0110 1210-0089		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				ee <b>2012</b>		012		
Employee Be	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				8(a) of This Form is Open t Inspection			
	enefit Guaranty Corporation	Complete all entries in accord	0-SF.		<b>F F F F F F F F F F</b>				
For calenda	Annual Report Id Ar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012	)	and ending 1	2/31/2	0010			
_					2/01/2				
	turn/report is for:			olan (not multiemployer)		a one-particip	ant plan		
<b>B</b> This ret	turn/report is:		the final return/report						
	Ļ	an amended return/report a short plan year return/report (less than 12 mo				, 			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter description	,						
Part II	Basic Plan Inform	nation—enter all requested informa	ation						
<b>1a</b> Name HANFORD C	•	101K PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ►	001		
					1c	Effective date of 01/01/	•		
	ponsor's name and addre	ess; include room or suite number (er	nployer, if for a single	-employer plan)	2b	Employer Identif (EIN) 20-29			
3311 W CLE	EARWATER AVENUE				2c	Sponsor's telept 509-783	hone number 3-5695		
SUITE D200 KENNEWICK, WA 99336-0000					2d	Business code (see instructions) 561490			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	<b>b</b> Administrator's EIN			
		lan sponsor has changed since the la	ast return/report filed f	or this plan, enter the		EIN	elephone number		
a Sponse	or's name	per from the last return/report.			4c	PN			
_		the beginning of the plan year			5a		2		
<b>b</b> Total r	number of participants at	the end of the plan year			5b		2		
	· ·	count balances as of the end of the p			5c		2		
	•	luring the plan year invested in eligible	•	,			X Yes No		
		ne annual examination and report of a					X Yes 🗌 No		
	,	See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	,						
		incomplete filing of this return/rep							
		r penalties set forth in the instructions					able, a Schedule		
SB or Sche		signed by an enrolled actuary, as we							
SIGN	Filed with authorized/val	lid electronic signature.	05/29/2013	SHERRY ARNOLD					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ining as plan adm	ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	05/29/2013	SHERRY ARNOLD					
HERE	Signature of employe		Date		individual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include	∍ room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

7 Plan Assets and Liabilities		(a) Beginning of Yea	ear		(b) End of Year		ar	
a Total plan assets	7a		125782			163275		
<b>b</b> Total plan liabilities	7b		0			0		
C Net plan assets (subtract line 7b from line 7a)	7c	125782			163275			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:						• •		
(1) Employers	8a(1)	13908						
(2) Participants	8a(2)	1020	0					
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b	1338	5					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3	7493	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i Net income (loss) (subtract line 8h from line 8c)							37493	
j Transfers to (from) the plan (see instructions)	8j						57 400	
Part IV Plan Characteristics	oj							
2E       2G       2J       3D <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feet	eature codes	from the List of Plan Charac	torist	ic Cod	es in th	e instructions:		
			5101131					
<b>10</b> During the plan year:				Yes	No	Amou	unt	
	tions within t	he time period described in	10a			Amo	unt	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	tions within the state of the s	he time period described in tion Program)			No	Ато	unt	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	tions within t uciary Correc ? (Do not inc	he time period described in tion Program)	10a		No X	Amo		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	tions within th uciary Correc ? (Do not inc fidelity bond	he time period described in tion Program) clude transactions reported	10a 10b	Yes	No X	Amor	unt 100000	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> </ul>	tions within th uciary Correc ? (Do not inc fidelity bond fidelity bond her persons b of the benefit	he time period described in tion Program) clude transactions reported  , that was caused by fraud  by an insurance carrier, s under the plan? (See	10a 10b 10c	Yes	No X X	Amo		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan that plan the plan that plan th</li></ul>	tions within the uciary Correct ? (Do not inc fidelity bond, her persons be of the benefit	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X	Amo		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	tions within the uciary Correct ? (Do not inc fidelity bond fidelity bond her persons b of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X	Amo		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within the second	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d	Yes	No X X X X X X	Amo		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction he required n	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X X X X	Amot		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction he required n	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X	Amo		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within the second	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes	No X X X X X X X X X X X Lule SB	(Form		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	tions within the uciary Correct ? (Do not income fidelity bond, fidelity	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X X X Lule SB	(Form	100000	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	tions within the uciary Correct ? (Do not inc fidelity bond fidelity bond fidelity bond finer persons bo of the benefit n? s of year end (See instruction he required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X Iule SB	(Form	100000	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	tions within the luciary Correct of the senerging of the benefit of the benefit of the benefit of the senerging of the senerg	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X Iule SB	(Form	100000	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	tions within the luciary Correct of the senergian of the benefit o	he time period described in tion Program) slude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i 0 plete	Yes X	No           X	(Form	100000 Yes X N Yes X N er ruling	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	tions within the luciary Correct of the sensitive fidelity bond, f	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by frau	10a 10b 10c 10d 10d 10f 10g 10h 10i 0 plete	Yes X	No X X X X X X X X X X Iule SB I11a B02 of E	(Form	100000 Yes X N Yes X N er ruling	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Form 5500-SF Short Form Annual Return/Report of Small Employ Department of the Treasury Benefit Plan				OMB Nos. 1210-0 1210-0			
Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee			2012			
Department of Labor mployee Benefits Security Administration Partiel Partiel				• /	is Open to Public			
	Complete all entries in accord Identification Information	dance with the instru	ctions to the Form 550	0-SF.				
For calendar plan year 2012 or fi		01/01/2012	and ending	12	2/31/2012			
A This return/report is for:	x a single-employer plan	a multiple-employer	lan (not multiemployer)	٦	a one-partici	pant plan		
B This return/report is:	the first return/report	the final return/report				partiplan		
	an amended return/report	•	rn/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		спалэ) Г	DFVC progra	am		
	special extension (enter descriptio			L				
Dert II - Regio Dian Info						•···· · · · · · · · · · · · · · · · · ·		
Part II Basic Plan Info 1a Name of plan	prmation enter all requested infor	mation		1b	Three-digit			
	OTRIGET ANT PROFEE AND THE				plan number			
HANFORD CONCERNS O	OUNCIL 401K PROFIT SHARING	PLAN			(PN) ► Effective date c	001		
					01/01/1998	•		
	ddress; include room or suite number (e	employer, if for a single	e-employer plan)	2b	Employer Ident	ification Number		
HANFORD CONCERNS CO	DUNCIL				(EIN) 20-29	12450		
				2c Sponsor's telephone number				
3311 W CLEARWATER 2	AVENUE SUITE D200				(509) 783-			
	W7 00226 0000				Business code 561490	(see instructions)		
US KENNEWICK 3a Plan administrator's name a	WA 99336-0000 Ind address X Same as Plan Sponso	r Name Same as	Plan Sponsor Address		Administrator's	FIN		
				30	Administrator's	telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN			
	mber from the last return/report.			4c	DN			
	at the beginning of the plan year			5a		2		
						2		
C Number of participants with	account balances as of the end of the p	olan year (defined ben	efit plans do not	5c				
complete this item)					1	2		
	s during the plan year invested in eligible			·····		X Yes No		
	f the annual examination and report of a ? (See instructions on waiver eligibility a			- (1)		X Yes No		
If you answered "No" to ei	ither line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use I	Form 5	5500.			
	or incomplete filing of this return/re							
	ther penalties set forth in the instruction							
<ul> <li>SB or Schedule MB completed a belief, it is true, sprrect, and con</li> </ul>	and signed by an enrolled actuary, as w	ell as the electronic v	ersion of this return/repor	t, and t	to the best of m	ly knowledge and		
	MARA A	I SICH3	Sharai		Icold			
	MINACA		Sherry F	<u> </u>	411010			
HERE Signature of plan adn	ninistrator	Date	Enter name of individua			Inistrator		
SIGN Stoch 5/15/13 Jonathan Brock								
HERE S(gnature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					al signing as employer or plan sponsor			
Preparer's name (including firm	name, ir applicable) and address; includ	ue room or suite numt	er (optional)	⊢тера	rens telephone	number (optional)		
					£			
For Paperwork Reduction Act	Notice and OMB Control Numbers, s	ee the instructions f	or Form 5500-SF.		F	orm 5500-SF (2012)		

v.120126

Form 5500-SF 2012

Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets ..... а 7a 125,782 163,275 b Total plan liabilities..... 7b 0 0 С Net plan assets (subtract line 7b from line 7a) 7c 125,782 163,275 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: 13,908 (1) Employers ..... 8a(1) 10,200 (2) Participants ..... 8a(2) (3) Others (including rollovers) ..... 8a(3) b Other income (loss) 8b 13,385 С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c 37.493 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... 8d е Certain deemed and/or corrective distributions (see instructions) ... 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses .... 8a h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i. Net income (loss) (subtract line 8h from line 8c) 8i 37,493 Transfers to (from) the plan (see instructions) .... 8j Part IV | Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) ..... 10b x С Was the plan covered by a fidelity bond? х 1,000,000 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? ..... 10d е Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See х instructions.) ..... 10e f Has the plan failed to provide any benefit when due under the plan? ..... 10f х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) ..... 10h х i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the amount from Schedule SB line 39 ..... 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) а If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver ...... Month \_\_\_\_\_ Day\_\_ Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year ..... 12b

Page 2